LEASURE AD A LINGRUS IN BUTO OF CONDUCTING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L01000018847

1. Limited Liability Company's Name

134th Avenue, LLC

O3 DEC -4 PM 3: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

/1974/025389650 12/11/03-01044-007 **155.00

2. Principal Office Address C/O CMAC Confinercial Mortgage Corp.		3. Mailing Office Ad					
		c/o GMAC Co	mmerciai je Corp.	4. State/Country of Formation			
Suite, Apt. #, etc. 12th: Floor		Suite, Apt. #, etc.	L2th Floor	Florida			
550 California Street City & State San Francisco, CA		.550_Califor	mi <u>a</u> Street	5. Date Organized or Qualified To Do Business in Florida 11/01/01 -			
		City & State					
		San Francis	sco, CA	6. FEI Number	Applied For		
7'-	Ta	7'-			Not Applicable		
^{Zip} 94104	Country USA	Zip 94104	Country USA	CERTIFICATE OF STATUS DESIRED	\$5,00 Additional Fee required for a Certificate of Status		
		8. Name an	nd Address of Current Reg	istered Agent			

	8. Name and Address of Current Registered Agent					
Name	Corporation Company of Miami					
Street A	ddress (P.O. Box Number is Not Acceptable) 201 S. Biscayne Boulevard					
Suite, Ap	pt. #, Etc.					
ł	Suite 1600					
City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code		
ł	Miami		I FL I	33131		

9. I, being appoir	nted the register	red agent of the	e above named limited liability company,	, am familia	ar with and accept the obli	igations of Chapt	er 608, F.S.	•	
Signature of Registered Agent	-	ATION CO	OMPANY OF MIANI			Date	12-3-07		
•	Raul J.	Salas	REGISTERED AGENT MUST SIGN	Vice	President				
10. Names and	Street Address	es of Managing	Members/Managers		i,				

Titles	Name of Managing Members/Managers	Street Address of Each . Managing Member/Manager	City / State / Zip
Mgr.	GMAC Commercial Mortgage Corp.	_550 California Street 12th Floor	San Francisco, California 94104
	PEN	STATEMENT 2003	
j.	•	n.	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature	of
Managing	Member/Manager

Juny Stury GM

Office COMMERCIAL Date //- 17-03 Daytime Phone # 4/6-835-9279

OGMAC COMMERCIAL MORTGAGE CORP., Manager

Typed or printed name of signing Managing Member/Manager By: Jerry Stumpf, Vice President